



Claimant Name:	Alicia Green	Claimant User Name:	LORENAL1
Address:	884 IRON LN	City:	EASTON
State:	PA	Zip:	18040

[\[Edit Information \]](#)

▼ Claim Details

Below are the details of your current benefit claim. You may find more information by clicking the *More Information* link.

Claim #:	8690937	Effective Date:	12/29/2024
Claim Type:	Reopen	Benefit Year End Date:	12/27/2025
Claim Status:	Regular Active	Payment Type:	Direct Deposit
Available Credits:	\$15,730.00	Claim Benefit Balance:	\$12,100.00
Weekly Benefit Amount:	\$605.00	Benefit Reduction:	3.20%